

AMENDMENT TRANSMITTAL LETTER				Docket No. 0020-5041PUS2	
Application No. 10/525,021-Conf. #3141	Filing Date February 18, 2005	Examiner S. Maewall	Art Unit 1612		
Applicant(s): Mitsutaka NAKAMURA et al.					
Invention: AGENT FOR TREATMENT OF SCHIZOPHRENIA					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 12 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,110.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,110.00
<input checked="" type="checkbox"/> Large Entity <div style="float: right;"><input type="checkbox"/> Small Entity</div> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,110.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div>					
Mark J. Nuell Attorney Reg. No. 36,623				Dated: <u>December 10, 2009</u>	
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